



Advanced Practice Nursing

Orientation Guide & Resource

Fourth Edition June 2019

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Introduction & Welcome

Welcome to The Royal Children's Hospital Advanced Practice Nursing (APN) Team. We are pleased to have you as a member of a team who strive to provide excellence in care and leadership in nursing. We look forward to the contribution you will make to nursing and are confident that your experience will be professionally rewarding.

RCH Vision

Great Care, Everywhere

RCH Strategic Plan



Domains of Practice for Advanced Practice Nurses

The Royal Children's Hospital (RCH) values the contribution Nursing teams make to great care. To make this contribution more visible, roles and responsibilities of Advanced Practice Nurses are described within a framework of 5 Domains of Practice (Chang et al 2010; Chang et al 2012):

- Direct and comprehensive care
- Support of systems
- Education
- Research
- Publication and leadership

Title	Grade	Domain					
		Direct Comprehensive Care (1)	Support of systems (2)	Education (3)	Research (4)	Professional Leadership (5)	
Nurse Practitioner	6	Conducts advanced, comprehensive & holistic health assessment relevant to a specialist field of practice. Demonstrates a high level of confidence & clinical proficiency in carrying out a range of procedures, treatments & interventions that are evidence based & informed by specialist knowledge. Has the Authority to prescribe & order investigative procedures.	Recognised as senior member of multidisciplinary team, nursing autonomy recognised, giving & accepting referrals as appropriate. Has the capacity to use the knowledge & skills of extended practice competencies in complex & unfamiliar environments.	Demonstrates skills in accessing established & evolving knowledge in clinical & social sciences, & the application of this knowledge to patient care and the education of others. Provides a minimum of 6 formal education sessions to clinical teams annually. Contributes to RCH Campus Research & education week annually. Sessional lecturing of speciality clinical knowledge at tertiary level.	Contribute to the development & evaluation of national international evidence/based clinical guidelines independent research (i.e not sponsored clinical trials) or educational programs.	Clinical leadership that influences & progresses clinical care, policy & collaboration through all levels of RCH & the wider health service in Victoria.	Masters/ PhD
Clinical Nurse Consultant	6	Consistent broad level of clinical influence outside of RCH at an national and/or international level. To meet the formal requirements of the Nurses and Midwives agreement 2012-2016 as CNC 6 as a senior member of the multidisciplinary team. As per CNC 4a.	Contributions to national/international clinical guidelines within specialty area; both in and Peer review of publications submitted to national/international journals within specialty area; Participation in review process of local clinical guidelines.	At least 6 per year formal education sessions provided to clinical teams annually and may include sessional lecturing of specialty clinical knowledge at a tertiary level ; contribution to Campus Research & Education Week annually.	Contribute to the development & evaluation of national international evidence/based clinical guidelines independent research (i.e not sponsored clinical trials) or educational programs.	Recognised for contribution to National benchmarking/networking ; *mentoring CCN/Nps candidates;1-2 publications of clinical outcomes in a peer reviewed journal; conference presentation of clinical outcomes at least once every 2 years; membership & contribution to a national professional body relevant to clinical discipline.	Masters/PhD
Clinical Nurse Consultant	5	Consistent broad level of clinical influence outside of RCH to other health services within metropolitan Melbourne or state wide(neither is mutually exclusive); To meet the formal requirements of the Nurses and Midwives agreement 2012-2016 as CNC 5as a senior member of the multidisciplinary team. As per CNC 4a.	Contributes to RCH multidisciplinary care protocols; represents clinical specialty in multidisciplinary working group.	Participates in state-wide education programs; translates knowledge to RCH via 6 education/in-services sessions annually; lectures into tertiary sector.	The CNC's advanced knowledge of speciality clinical practice supports their development, implementation, analysis & dissemination of novel audit & research projects aimed at optimising patient care.	Provide professional nursing leadership, consultancy and advice. Increase the effectiveness of patient care delivery by leading and developing quality improvement projects and facilitating development and maintenance of frameworks for policy and education. Recognised for contribution to State healthcare policy development.	Masters

	4b	As per CNC 4a.	In leading ethical decision making the CNC bridges the gap between high technology & humanistic care. Roles model by asking why or is there a better way - to include development & evaluation of models of service provision.	Works with junior nursing colleagues to develop their capabilities & competencies & also sets limits to their role.		As per 4a.	Post Grad
Clinical Nurse Consultant	4a	Demonstrates advanced nursing knowledge, skills, attributes & abilities within a broad scope of practice related to the speciality and or the span of control and function of the role. Conducts and leads nurse-led clinics, advanced nursing assessment, treatment or diagnostic interventions. Responsible and accountable for independent nursing decision making. Informs the team of decisions and is informed by the expertise/information of others. Practices and influences contemporary nursing practice across RCH.	Work is characterised by the ability to identify appropriate areas for consultation with patients/carers/teams, follows up agreed actions & reports outcomes. Models expert skills and behaviours for the provision of supportive care for all patients.	Provides education within area of extended nursing knowledge, skills & essence of nursing to multidisciplinary team members & patients/families.	Provide leadership and consultancy in their defined speciality practice area. Recognized for leadership role for advanced practice nursing across RCH.	Recognized for leadership role for advanced practice nursing across RCH.	Post Grad Diploma/Masters
Nurse Coordinator	4a	Specialist knowledge, skills, attributes & abilities within a narrow scope of practice related to the speciality and/ or the span of control and function of the role. Supports the delivery of clinical care or services across teams. While the clinical teams may provide state-wide or national services the nurse's role within the team is predominately focused & located within RCH and the patients/families presenting to RCH. Influences practice and exercises limited autonomy clinical decision making within the agreed boundaries agreed by the team.	As per 3a.	As per 3a.	In addition review clinical outcomes in conjunction with published evidence with a view to delivering optimal evidence based care.	As per 3a.	Post Grad Cert/Diploma

New to RCH

Orientation

New Starter Orientation is facilitated by the Human Resources team. This session is mandatory for all new staff members. Nurses will attend this day, the Nursing Orientation study day and any local area specific orientation day. New staff members should be advised of their Orientation session date before they start.

Nursing Orientation

Nursing Orientation runs once a month on a Monday from 0800-1615. The program dates are available on the nursing education webpage. Please email all registrations to nursing.education@rch.org.au and include your full name, employee number and professional and/or personal email contact.

Security Identification

An RCH lanyard with an identification (ID) badge must be worn at all times. These cards identify you as staff and provide swipe card access to staff only areas of the building.

To obtain your photographic ID present to the Security Office on Lower Ground of the East Building (Opposite the White Lifts).

Switchboard

Switchboard is available 24/7, 365 days a year. To contact Switchboard from an internal phone dial 91. The Switchboard number when calling from outside the hospital is 9345 5522

Contact the Switchboard for:

Connection to external lines such as STD, ISD etc.

Emergency Code (**Dial 777**, state the nature of the emergency, the building you are in, the floor you are on, and the department/ward/area the emergency is in ie. "Code Grey, West Building Level 2 Day Medical Unit")

Car Parking

Car parking is available under the building. As a staff member you can either apply for permanent parking (salary deducted) or casual parking (staff discounted). For further information regarding car parking please visit the **staff resources** page on the RCH intranet.

EAP

The RCH Employee Assistance Program (EAP) is a confidential personal and professional development resource available for all employees and their immediate family members.

The EAP service is provided by an external provider, Converge International. All Counsellors are qualified and experienced professionals who have extensive experience in their specialty areas. The EAP service involves you speaking with an EAP Counsellor either face-to-face, over the phone or via the internet. Support is available 24 hours, 7 days a week year round.

For more information please visit the **Mental health and wellbeing** page on the **Human Resources** intranet site.

Nursing Structure

Executive Director, Nursing & Allied Health

Maria Flynn

The EDON & AH is responsible for strategic planning, integration of the nursing vision and key strategies within the service. This role provides professional leadership of nurses to ensure accountability through evidence based practice, and the development of the nursing workforce to achieve key strategies and establish nursing at the RCH as leaders in paediatric nursing. The EDON & AH works in partnership with all staff ensuring an efficient service to which nurses add value to the care children and their families receive.

Nursing Leadership Team

Sheri Waldron- *Director, Clinical Operations, Inpatient*

Kelly Barnard- *Director, Clinical Operations, Division of Surgery & Critical care*

Danielle Smith- *Director, Ambulatory Services*

Fiona Newall- *Director, Nursing Research & Education*

Rosemary Aisbett- *Lead, Nursing Workforce*

Nadine Stacey- *Lead, Quality & Safety, Nursing & Allied Health*

APN (Advanced Practice Nurses) Group

The APN Group includes nurses in all advanced practice nursing roles. All APNs are members of the APN group and are welcome to attend meetings or email the committee with proposed topics for the agenda. You will be added to an APN email distribution list, (Nurse Coordinators, Clinical Nurse Coordinators, Nurse Liaisons and Nurse Practitioners) when appointed to your role. To check, please contact Cate Harris on extension: 55371 or via email. This list ensures that you are included in all relevant email communications for APNs

APN group meetings are held quarterly and minutes are distributed via email. The committee (Chair & Secretary) are appointed on a rotational basis. The APN group TOR are available on the nursing services webpage.

Other Nursing roles

Nurse Unit Manager

Associate Nurse Unit Manager

Clinical Nurse Specialist

Clinical Nurse Educator

Clinical Support Nurse

Nurse Liaison

Nurse Practitioner candidates

Nurse Hospital Managers

Getting started-

Communication

Branded materials are an important part of the visual identity of RCH. Our brand should be applied consistently and professionally across all hospital materials. Refer to the Branding information page under Corporate Communications for further information.

Email Account and Signature

You should have your own RCH email account set up when you commence employment at the RCH. If not please contact the Information Technology Service Desk on extension 56277.

Your emails are branded material and it is part of the visual identity of RCH.

Refer to *RCH Corporate Communications, branding and procedures – templates and resources* on the RCH intranet for further information, and how to apply the correct font and colour to your email signature. If you work part time it is useful to include the days you are at work in your email signature.

Phone Extension

It is important to obtain your own phone extension; this will link you to the hospital directory and make it easier for others to contact you.

Complete the [Request for a desk phone extension](#), via the I.T self-service portal. Once you have been allocated a phone extension, I.T will email the details, including how to log on to your phone extension.

If you are working at a hot desk, and therefore sharing a phone, you will need to log into the phone when you are working. If another user is logged in, press services and log out. Then press log in, enter your windows username, and password is 12345. To log out at the end of the day, press services and log out.

Pager

A pager may be left for you by the previous incumbent of your role. To change the pager to your name complete [Request for Pager Account Creation/Modification](#) located on the I.T self-service portal. Alternatively you can have your pager deferred to your mobile phone. Contact the IT Service desk on extension 56277 to discuss.

Hello my name is.....

The “Hello my name is...” campaign is part of our ongoing commitment to Delivering Great Care. The essence of “Hello my name is...” is to remind staff the importance of introducing themselves. This simple exchange has the capacity to build trust and compassion, and reduce anxiety for patients and families. Your manager should order your name badge in line with the procedure. With every patient interaction, it is expected you state:

- Your name
- Your role
- Why you are there
- The expected duration of your interaction

Data management

The Information Communication Technology (ICT) department is responsible for the delivery of information technology systems and services to the RCH. They provide Systems Support in the form of Systems Administration and Database Administration services to all RCH applications and databases. Service Desk ext 56277 provides support for all (IT) software and hardware infrastructure across the RCH, or you can email itservicedesk@rch.org.au.

Drive Access

With your Username and password you will be allocated drive space on the network (Home Folder). This drive will be mapped to your username each time you logon to a computer but will only be able to be seen and used by you to store relevant files for your role. If you require access to any existing network drives, you can apply via the I.T. self-service portal from the Information Communication Technology webpage. If you have a mobility device such as a Smart phone or Tablet you will be able to connect to the wireless network at RCH using your username and password. This will enable you to access email on your personal device. Should you require assistance for this contact IT help desk on 56277

IBA Access

Many APN roles require access to IBA. IBA is the patient information system used by RCH. It provides access to patient demographics, attendances, specialist clinic appointments, medical record movements, medical record requesting, accounts and billing information. To gain access to IBA, open the front page, print and submit the completed 'Application for IBA access' form. You will be notified by email when your access has been cleared. If your role requires you to have contact with non-admitted patients (outpatients) you will also need to add VINAH data (see below).

VINAH

Victorian Integrated Non Admitted Hospital (VINAH) data set, is the information required by the Department of Health, Victoria to fund all activity related to non-admitted patients (WASE – Weighted Ambulatory Service Event). The RCH receives funding for non-admitted patient activity. If you have contact with non-admitted patients in your role (either by phone, written or face to face) these contacts generate revenue.

To capture appropriate VINAH there are some simple steps to follow within the EMR.

Telephone/written: (email or letter):

Open the relevant patients EMR, create an encounter and select either telephone or documentation. Once you have completed the relevant documentation for the patient, select a VINAH pathway by linking the most relevant referral. Finally, select yes to report to VINAH.

Clinic visits:

1. If the patient has an unscheduled visit or you are seeing the patient in another department's clinic, the process to capture VINAH is the same as above selecting 'clinic/practice visit' for the encounter.
2. If the patient has a scheduled appointment simply select yes to report to VINAH as the relevant referral will already be linked to the appointment.

Additionally there is a RCH VINAH coordinator who can provide you with information and support on all aspects of VINAH. Please email andrew.gusman@rch.org.au to arrange training/support, or a VINAH manual.

Electronic Medical Record (EMR)

The EMR supports us to deliver the safest possible care for patients. It provides staff with access to patient information from one central location. We are continually working towards improving our practice and processes, and aim to reduce unnecessary variation, duplication and waste throughout

the hospital. Additionally, EMR gives patients and families access to the information held in the RCH medical record from home or on the go. Read more about [My RCH Portal](#). Access to the EMR is granted by completing the *Request for EMR Access* e-form on the I.T. self-service portal. Orientate yourself to EMR through the tip sheets and guide on the intranet. For any issues relating to the EMR, please contact the EMR help desk on ext 56277 and press 1, or for non-urgent enquiries use the I.T. self-service portal.

EMR Training

Staff who are required to use the EMR as part of their role at RCH must complete EMR training to access the medical record. EMR training is specific to each person's role at the RCH and may include e-learning programs, classroom sessions and self-directed learning and practice.

If you are new to RCH or require refresher EMR training, please discuss with your Manager, who will book you into the appropriate training session. Details regarding training sessions are currently found on the Nursing Education webpage.

Compass

The Compass program is managed by Decision Support Unit (DSU) and is used to generate reports to monitor and measure achievements in line with RCH strategic direction and KPIs. APN's entering VINAH data into IBA will be able to access activity reports for their individual HCP code in Compass.

Mercury

Mercury eRecruit is the recruitment process used at RCH. This system consolidates all the administration tasks associated with advertising and filling vacant positions. You can sign up to Mercury the first time you access it. Your username is your RCH email address.

VHIMS

VHIMS (Victorian Hospital Incident Management System) is an electronic incident reporting system used to capture incident data. An incident is an event which could have or did lead to unintended or unnecessary harm to a person and/or a complaint, loss or damage. Incidents include near misses, adverse events, sentinel events and unsafe acts. An Incident should be entered as soon as possible, to ensure accurate recording of detail. Staff members reporting incident should also inform their manager. Every employee at the RCH is responsible for reporting incidents or hazards.

Please refer to the Incident Reporting and Management procedure which outlines the purpose of the clinical incident reporting system.

All incidents are followed up by the Quality Team and are an important mechanism for ongoing improvement and practice review. VHIMS can be accessed via Quicklinks on the RCH intranet homepage.

Nursing Education

RCH Nursing Competency Framework

The RCH Nursing Competency Framework supports the domains of practice and competency standards for nurses identified by the Australian and Nursing Midwifery Council (ANMC). The ANMC national competency standards are the core competency standards by which nurses' performance is assessed to obtain and retain a license to practice in Victoria (ANMC, 2006). For more information go to [Nursing Education: Nursing Competency Framework](#) webpage

Mandatory Annual Competencies

APN's will attain competence in all mandatory competencies and maintain competence validated on an annual basis.

Competency
Basic Life Support Basic Life Support certification is required to be completed. The online learning is completed prior to your practical assessment and is available at http://www.learninghero.rch.org.au/ Successful completion of both the online and practical components is preferred.
Emergency Management Locate and read <ul style="list-style-type: none">• <i>emergency procedures webpage</i>• <i>fire safety management procedure.</i> Time will be provided during Nursing Orientation to work on your emergency procedures training. The learning package and quiz are available at http://www.learninghero.rch.org.au/
Hand Hygiene Locate and read <ul style="list-style-type: none">• <i>hand hygiene procedure</i> This competency can be accessed at http://www.learninghero.rch.org.au/
Manual Handling The RCH Smart Move Smart Lift patient handling training program is a combination of online theoretical learning, practical training and competency assessment that aims to teach staff members how, when and where to use the patient handling equipment available in the hospital. See the <i>Smart Move Smart Lift Program</i> webpage for more details. The online component can be accessed via http://www.learninghero.rch.org.au/ prior to completing your practical assessment.
Nursing Medication Awareness All nurses new or returning to RCH, who are required to administer medications as part of their role, must complete this quiz with 100% pass rate, together with the practical components in the Nursing Competency Workbook. Some areas may also need to complete an additional unit-specific medication package. Nurses are required to have all medications double checked until they have successfully completed the medication competency. The online quiz is available at http://www.learninghero.rch.org.au/

Professional Responsibilities

Continuing Professional Development (CPD)

Participation in continuing professional development (CPD) is a widely accepted method for measuring and demonstrating ongoing nursing competence. It is a requirement of the Nursing and Midwifery Board of Australia and the Australian Health Practitioners Registration Agency (AHPRA) that (full time) nurses participate in at least 20 hours of CPD each year and that documentation of participation will include dates, a brief description of the outcomes, and the number of hours for each activity. In addition all evidence of CPD should be verified.

The RCH provides a wide variety of ongoing educational opportunities for nurses including in-service education, study days, Tuesdays@2, workshops, seminars and short courses. Most education is coordinated through Nursing Education and Research. A calendar of all education opportunities is accessible on the Nursing Education website.

Professional Practice Portfolio (PPP)

The PPP is a tool that enables communication to the individual and others regarding learning plans, achievements, professional development, performance capability and competency based on

collated evidence. There is no single way in which a PPP should be put together. An example of a PPP template is available on the Nursing education website [Nursing Competency Framework](#)

Performance Development and Assessment Program (PDAP)

The PDAP is a continuous process conducted every 12 months, which reflects on past performance and focuses on future outcomes. The PDAP tool is a dynamic document that you should use from the commencement of your employment to record your KPIs (Key Performance Indicators) and development plan. The tool is completed online via Learning Hero. Your username is your RCH email address. APN's complete a PDAP each year with their manager, if your manager is not a nurse the PDAP should be completed with both your manager and professional lead.

Phone Calls

Many Advanced Practice Nurses provide assessment, education and/or clinical advice over the phone to their patient groups. This work is a pivotal part of patient management and care, and in many cases prevents excessive visits to the emergency department and specialist clinics, providing patients and families with much needed support.

It is worth considering the ISBAR tool during phone consultations:

- Identify
- Situation
- Background
- Assessment
- Recommendations/risks

The ISBAR framework will assist you to obtain the information required to make an assessment and plan of care more efficiently and effectively and reduce the potential for distraction and time spent on less relevant discussions.

Any assessment, advice or treatment you provide over the phone requires entry into the patient's Electronic Medical Record to ensure adequate clinical communication. This can be achieved through creating a Telephone Encounter in the patient's EMR. Instructions on how to do this are available in the Learning Resources on the EMR webpage, and look up Telephone calls.

Reporting

Many APN roles work somewhat independently, with a Manager (who may not be a nurse) and Professional lead (a senior nurse). Reporting expectations may vary from one manager to another, this should be discussed when you first meet.

Nursing Research

The Nursing Research Department is integrally connected to clinical practice. The goal of the nursing research team is to establish and grow a research program in nursing, support and promote research activities of nurses at the RCH. Nursing research consultants are available for guidance and support of nursing research projects.

Scholarships

There are a number of opportunities for nurses to seek funding both within the RCH and externally to support research activity. The RCH Travelling Scholarships, the Elizabeth Fearon Scholarship, the prestigious Dame Elisabeth Murdoch Scholarship, the Allied Health & Nursing Education, Development and Leadership Program (including Post-Graduate Nursing Scholarships) and ACN grants and awards are all available to nurses at the RCH. The Nursing research team are available for guidance in applications. Refer to the Nursing Services and Nursing Research web pages on the hospital intranet for further information.

Links (Staying connected)

Most Advanced Practice Roles do not report directly to a Nurse Manager, for that reason it is important to ensure you stay connected to changes, improvements and initiatives happening throughout the RCH.

Clinical Supervision

APN's are fortunate to have the opportunity to participate in group clinical supervision, and it is anticipated that all APN's will be engaged in the program. Clinical Supervision is a formal process of professional support and learning between two or more practitioners within a safe and supportive environment that enables a continuum of reflective critical analysis of care to ensure quality patient services and the wellbeing of the practitioner.

For more information and to join a clinical supervision group please email Sophie.linton@rch.org.au

APN Meetings

The APN group provides

- Support to promote and develop the leadership capacity of nurses functioning in advanced practice roles through:
- Support for the connectedness of Advanced Practice Nurses to facilitate the sharing of ideas and knowledge related to clinical practice
- To be involved in system change that results in improved patient and family centred care, by leading and modelling clinical excellence
- To provide a forum for discussion, facilitating solution focused problem solving
- To promote organisational connectedness of members of the APN group

The meetings will be held quarterly for one and half hours with APN content for the first hour and Nursing Leadership attendance for last 30mins.

Tuesday at 2pm

Every Tuesday afternoon between 2-3pm nursing professional development opportunities are offered. Sessions are intended to meet the needs of nurses of all designations from all areas of practice. Regularly scheduled sessions include

- Nursing Forum
- Nursing Development
- Evidence in Practice

All sessions provide an opportunity to learn, share and advance nursing practice. Tuesdays @ 2 are publicised via email, the Bulletin and the [Nursing Education calendar](#). Attendance counts towards CPD hours.

CEO Forum

All staff are invited to attend the monthly CEO staff forum in the Ella Latham theatre. CEO John Stanway provides an update on hospital performance, RCH news and upcoming events.

RCH Staff Bulletins

The Bulletin board is the Royal Children's Hospital (RCH) online channel for news and information of interest to staff. Staff can publish bulletins of news on the Bulletin board and these are displayed immediately. The Bulletins are displayed on the bottom of the hospital intranet page.

Nursing Committees

Clinical Effectiveness Committee

The Clinical Effectiveness Committee (CEC) was established in late 2010 with a priority to establish a clear and consistent pathway to support the development of evidence based clinical guidelines for nursing practice across the organisation. All clinical areas across RCH have nursing representation on the CEC which meets on the first Thursday of each month. The CEC reports through to the RCH Quality and Safety Committee. If you have any questions related to the development of Clinical Guidelines or the Clinical Effectiveness Committee, please contact fiona.newall@rch.org.au.

Nursing Research Committee

The nursing research committee supports the implementation of initiatives aimed at promoting nurses' use of evidence based practice and engagement in research processes across the RCH. The committee membership comprises nursing representatives from:

- All divisions of RCH nursing practice
- The Murdoch Children's Research Institute
- Nurses enrolled in higher degree programs (Master of Philosophy and PhD)
- The Nursing Research Department

Membership of the committee is by invitation, however nominations for membership are welcome from any member of the nursing team at RCH/MCRI. In addition to monthly meetings, the members of the committee are available to provide individual mentorship, career advice or guidance. To find out more, contact the chair fiona.newall@rch.org.au.

Nursing Titles and Appointments Credentialing Committee (NTACC)

NTACC is part of the clinical governance framework of the hospital. The committee ensures that the title of nursing roles, classification, defining scope of practice, recruitment, and credentialing of Grade 3 nurses and above are conducted in accordance with:

- Nursing and Midwifery Board of Australia Competency Standards for the Nurse Practitioner, Registered Nurse
- Nursing and Midwifery Board of Australia National Framework for the Development of Decision-making Tools for Nursing & Midwifery Practice September
- Australian Commission on Safety & Quality in Healthcare - National Safety & Quality Health Service Standards September
- Nurses & Midwives (Victorian Public Health Sector) (Single Interest Employers) Enterprise Agreement

Other Hospital Committees

There are many hospital committees covering all aspects of patient care, some you may be interested in include:

- Clinical Quality & Safety Committee
- Divisional Quality Committees
- Occupational Health and Safety Committee
- Medication Safety Committee
- Clinical Product Evaluation Committee
- Aggression and Violence Prevention Committee
- Emergency Management Planning Committee
- Policy and Procedure Committee

Policies, Procedures & Clinical Guidelines.

All RCH policies, procedures and guidelines are available on the intranet. It is expected that you familiarise yourself with the documents relevant to your practice.

Nursing clinical guidelines are referred to as Clinical Guidelines (Nursing), whilst whole of hospital guidelines are referred to as Clinical Practice Guidelines, these are usually more medically focused; both nursing and medical guidelines are found on the Clinical Practice Guidelines page . If you want to contribute or add any relevant information to Clinical Guidelines (Nursing), contact the Clinical Effectiveness Committee. For Clinical Practice Guidelines contact Dr. Mike Starr.

Overarching policies at the RCH are supported by procedures which can all be found on the policy and procedure webpage. If you wish to contribute to these you can contact peter.bunworth@rch.org.au ; all new procedures must be written on the RCH procedure template and will require submission to the RCH Policy and Procedure Committee for approval.

Hospital overview

Ambulatory Services

Specialist Clinics – Outpatients; various locations (see below)

Specialist Clinics at the RCH provides a comprehensive range of outpatient services to more than 200,000 patients per year.

There are five areas designated for the management of Specialist Clinics within RCH:

1. Specialist Clinics Receptions A1-6, located on the **ground floor, east building**
2. Allied Health Clinics Reception B, located **level 1, east building**
3. Specialist Clinics Reception D, located **level 1, east building**
4. Day Cancer Specialist Clinic, Reception Desk E, located **level 2, west building**
5. Specialist Clinics Reception H, located **level 2, west building**

Medical Imaging; Lower ground, East building

The department includes: four general x-ray rooms, a multi-slice CT scanner, two MRI units, four ultrasound rooms, one nuclear medicine imaging room, one digital fluoroscopy room, one OPG (Orthopantomogram) and two DSA (Digital Subtraction Angiography) rooms.

Day Medical Care; 2nd floor, west building

Day Medical Care is a nurse-led unit providing care for patients from many specialty medical departments. The service provides care Monday to Saturday.

Day Cancer Unit; 2nd floor, west building

The Day Cancer Unit is an outpatient treatment area for children with haematology oncology conditions. The service provides care Monday to Saturday.

Emergency Department; Lower ground, east building

The Department provides emergency care 24 hours a day, seven days a week.

Inpatient Services

Butterfly Ward – Newborn Intensive Care; 5th floor, north building

Patients are referred from perinatal centres both in Melbourne and interstate; maternity hospitals throughout Victoria, southern New South Wales and Tasmania.

Cockatoo Ward – Surgical and Neuro Care; 4th floor, north building

Provides care to patients with neurological, neurosurgical, metabolic, endocrine and complex gastroenterology and hepatology conditions.

Platypus Ward – Surgical Care; 4th floor, north building

A specialty surgical unit, caring for patients undergoing general surgery, orthopaedic, plastic, burns, trauma, urology and maxillofacial procedures.

Rosella Ward - Paediatric Intensive Care Unit (PICU); 3rd floor, north building

The largest PICU in Australia. 70% of admissions require intubation and mechanical ventilation. Provides tertiary PICU services for Victoria and Tasmania, heart transplantation, ECMO, long-term VAD and intestinal transplantation.

Koala Ward – Cardiac Surgery; 3rd floor, north building

Provides care for patients, with renal and cardiac conditions. Care includes cardiac surgery, medical therapies, renal transplantation, electrophysiology, peritoneal dialysis and VAD.

Sugar Glider Ward – Medical Care; 2nd floor, north building

Provides care for a diverse range of acute and chronic illnesses. The ward has four medical specialties: General Medicine, Respiratory Medicine, ENT and Developmental Medicine.

Kookaburra Ward – Cancer Care; 2nd floor, north building

The primary provider of oncology services to children with cancer in Victoria including a Bone Marrow Transplant unit.

Kelpie Ward – Adolescent and Rehabilitation Care; 1st floor, north building:

Delivers developmentally appropriate care and treatment to young people with acute and chronic health issues, between the ages of 12 and 20. Kelpie also provides paediatric rehabilitation and oncology services.

Banksia Ward - Adolescent Mental Health; 1st floor, north building

Patients aged 12 to 18 years are assessed and treated for a range of mental and psychological disorders such as psychosis and mood disorders.

Perioperative Floor; 3rd floor, east building

Consists of 14 theatres, preoperative and postoperative patient care areas and the central sterilisation department (CSSD) for the hospital. The majority of patients are admitted directly on the floor (90%) and then discharged home from the floor (50%) as day stay patients.

Possum Ward - Short Stay Surgical Care; 3rd floor, east building

Co-located on the preoperative floor, a 14 bed surgical short stay unit, admits both elective and emergency patients from all surgical specialties.

Wallaby & Joey Ward (HITH) ; 2nd floor, east building

Co-ordinates and provides healthcare as well as other support services in the home and community. These services may be provided directly to the child and family or the community support agencies caring for the child at home.

Dolphin Ward – Medical Short Stay Unit ; Lower ground floor, west building

Adjacent to the Emergency Department (ED), cares for patients who require care for up to 48 hours.

Sea Dragon Ward- ED Observations; Lower ground floor, west building

Adjacent to the RCH Emergency department (ED), care for patients for up to 12 hours.

Bilby- Specialist clinics

Ambulatory services inpatient area.

Office Spaces**2nd floor Nursing Education**

3rd Floor

The West building on the 3rd floor accommodates clinicians from various disciplines and specialties. Each reception area has a way finder folder identifying each individual's location.

4th Floor Corporate Services and Executive Offices

4th floor west building you will find all the corporate services including, payroll, People and Culture (HR), Finance, Quality & Improvement, Medico Legal and corporate communications.


Appendix

1. Orientation contact & content guide

The following people will contribute to your orientation. This is a guide to topics for discussion, the people and content are not part of an exclusive list.

Contact	Discussion Topic	Complete
Executive Director, Nursing Services	Role & Responsibilities Governance	
Professional Lead	Senior Nursing Role Relationship and expectations <ul style="list-style-type: none"> - ability to influence and change practice - ability to effect positive clinical outcomes - situational power and control - ability to influence policy development - ability to personally and professionally support staff - staff issues e.g. lack of respect, conflict Shared governance Educational opportunities Performance plan and review Professional support Professional presentation Evidence based practice Nursing model of care and concepts	
Manager	Role / Expectations service provided and area of delivery of service Relationship and expectations <ul style="list-style-type: none"> -autonomy and control Service strategic and operational planning Service profile Finance Human resource management	



Contact	Discussion Topic	Complete
Orientation Mentor	Tour of the hospital (focusing on local areas) Professional development Programme - educational opportunities Rosters / Timesheets Purchasing / Inventory management Documentation Policy, procedures, guidelines and other manuals Relationships/peers/staff Data collection Organisational culture/ reputation IT set up; email, systems currently used e.g. IBA (VINAH),CLARA	
Other Advance Practice Nurses	Role Area specific nursing orientation plans Booking meeting rooms Accessing Library resources / Literature searches Competencies Check added to APN webpage list and relevant job title DL list	
Professor/Director Nursing Research or CNC Research	Role Service provided and area of delivery of service Research opportunities and resources	